PTO/SB/22 (09-06)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)								
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	PXL-047	PXL-047							
Application Number 10/084,403	Filed February 25, 2002								
For SYSTEM AND METHOD FOR PROVIDING NETWORK CONNECTIVITY TO A COMMON EMBEDDED INTERFACE BY SIMULATING THE EMBEDDED INTERFACE									
Art Unit 2123	Examiner Guill								
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
_		w <i>)</i> .							
Fee X One month (37 CFR 1.17(a)(1)) \$120	Small Entity Fee \$60 \$ 120.0	00							
Two months (37 CFR 1.17(a)(2)) \$450	\$225 \$	_							
Three months (37 CFR 1.17(a)(3)) \$1020	\$510 \$								
Four months (37 CFR 1.17(a)(4)) \$1590	\$795 \$								
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080 \$								
Applicant claims small entity status. See 37 CFR 1.27. X A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1700 I have enclosed a duplicate copy of this sheet. I am the applicant/inventor.									
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
attorney or agent of record. Registration Numb attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	per 56,401								
400 Elehun	November 17, 2006								
Signature	Date								
Joel E. Lehrer Typed or printed name	(617) 570-1057 Telephone Number								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Total of forms are submitted.									

11/20/2006 SSESHE1 00000079 10084403

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120.00 OP

Express Mail Label No. EV 820556939 US Dated: November 17, 2006

PTO/SB/17 (07-06)
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	Effective on 12/08/2004. Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number 1		10/084,403					
FEE TRANSMITTAL				February 25, 2002					
		First Named Inventor D		Daniel R. Salmonsen					
For FY 2006			Examiner Name	Examiner Name Guill					
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	Art Unit 2		2123				
TOTAL AMOUNT	L AMOUNT OF PAYMENT (\$) 120.00		Attorney Docker	Attorney Docket No. P		PXL-047			
METHOD OF P	AYMENT (check a	ll that apply)							
x Check Credit Card Money Order None Other (please identify):									
Deposit Accor	unt Deposit Account N	umber: 07-1700 Deposit	Account Name:	Go	oodwin Proct	er LLP			
For the ab	ove-identified depos	sit account, the Director	is hereby authoriz	ed to: (chec	k all that apply	·)			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Chai	rge any additional fe	e(s) or underpayment	of x Credi	t any overpa	nyments				
FEE CALCULA	s) under 37 CFR 1.	16 and 1.17							
	SEARCH, AND EX	AMINATION FEES			-		-		
,	•		EARCH FEES	EXAMIN	IATION FEES	3			
Application Type	<u> Fee (\$)</u>	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)		
Utility	300	150 50		200	100	-			
Design	200	100 10	_	130	65				
Plant	200	100 30		160	80				
Reissue	300	150 50		600	300				
Provisional	200		0 0	0	0				
2. EXCESS CLAIM		.00	· ·	·	•		Small Entity		
Fee Description						Fee (\$)	Fee (\$)		
Each claim over 20 (including Reissues)						50	25		
· · · ·						200	100		
Multiple depender	nt claims					360	180		
Total Claims	Extra Claims	Fee (\$) Fe	e Paid (\$)	<u>Μι</u>	ultiple Depend	lent Claims			
	0 = x			Fe	e (\$)	Fee Paid (\$	3)		
HP = highest number	r of total claims paid for,						_		
Indep. Claims	Extra Claims	Fee (\$) Fe	e Paid (\$)						
- 3		paid for, if greater than 3.							
3. APPLICATION	·	and for, if grounds than o.					_		
If the specification	on and drawings ex	ceed 100 sheets of pap	er (excluding elect	ronically fil	ed sequence o	r computer			
listings under	37 CFR 1.52(e)), tl	ne application size fee	due is \$250 (\$125	for small er	ntity) for each	additional 50	0		
sheets or fract	tion thereof. See 35	5 U.S.C. 41(a)(1)(G) as							
Total Sheets	Extra Sheets		h additional 50 or fra			<u>Fee</u>	<u>Paid (\$)</u>		
	100 =		(round up to a wh	nole number)	×	=	Daid (\$)		
4. OTHER FEE(S)		for the amplitude	accumt)			rees	Paid (\$)		
	•	fee (no small entity di 1251 Extension for		irst month		12	20.00		
	e ming surcharge):	1201 LAGISIOITIO	Coponae Within I	St mond					
SUBMITTED BY	1-000	1	Registration No.	EC 404	Talastana	(647) 57	0.1057		
Signature	(Attorney/Agent) 30,401 Telephone (077) 070-10								
Name (Print/Type)	loel II. Lehrer				Date	November	17, 2000		

Dated: November 17, 2006 Express Mail Label No. EV 820556939 US

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